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:19496600809

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AUG 17 2004

OFFICIAL

Fee Only
Docket No.: JCLA11529

Application No.: 10/681,471

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)
SZE, Bouryi et al.)
Serial No. : 10/681,471)
Filed : 10/07/2003)
For : Ground Shield Structure)
Examiner : NGO, Hung V.
Art Unit : 2831
Docket No. : JCLA11529

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Office Action dated 05/20/2004, has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

Page 1 of 8

PAGE 3/10 * RCVD AT 8/17/2004 6:27:34 PM [Eastern Daylight Time] * BVR:USPTO-EFXRF-1/2 * DNI:8729306 * CSID:19496600809 * DURATION (mm:ss):03-22-----

09/01/2004 CMOORE 00000003 500710 10681471
01 FC:1202 36.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/681471

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	22	Minus	** 20 = 2
	Independent	3	3	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEES
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	770

OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	36.00
X86=	
+290=	
TOTAL ADDITIONAL FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	*	Minus	** =
	Independent	*	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDITIONAL FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	*	Minus	** =
	Independent	*	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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